

228160

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Cancel Class C Charter Certificate
Alonzo Hamilton DBA Hamilton Limo Service

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FEB 22 2011

T.T.W.W.W

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 128 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Alonzo Hamilton

Telephone:

Home 843-867-8359

Cell 11 200-7344

Address: 259 Sweet Alyssum Dr
Ladson S.C. 29456

Fax:

1-843-867-8359

Other:

Email: AHamilton@SC.PSC.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



Request for Cancellation of Certificate

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 2-19-2011

Please consider this a request to cancel my:

- | | |
|---|---|
| <input type="checkbox"/> Class C Taxi Certificate | <input type="checkbox"/> Class A Restricted Certificate |
| <input checked="" type="checkbox"/> Class C Charter Certificate | |
| <input type="checkbox"/> Class C Charter Bus Certificate | |
| <input type="checkbox"/> Non-Emergency Certificate | |
| <input type="checkbox"/> Class E Household Goods Certificate | |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate | |

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FEB 22 2011
ORS
T.T.W.W.W

My Certificate Number is 8094

Alonzo Hamilton
(Name of Company)

DBA Hamilton Limo Service
(If applicable)

259 Sweet Alyssum Dr
(Street Address)

(Mailing Address if different from Street Address)

Ladson S.C. 29456
(City, State, Zip Code)

(City, State, Zip Code)

1-843 851 8359
(Telephone Number)

Alonzo Hamilton
(Signature)

Owner
(Title) Owner, President, etc.